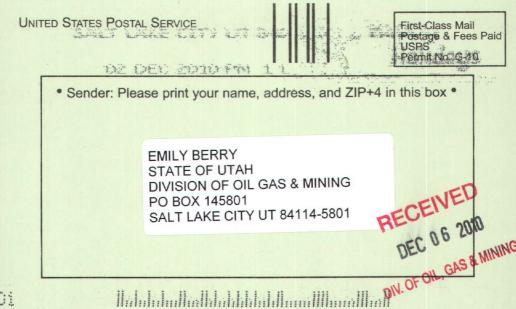
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:		D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No
SCOTT HUGHES LAKEVIEW ROCK PRODUCTS 900 N REDWOOD RD PO BOX 540700		10 10 15 15 15 15 15 15 15 15 15 15 15 15 15
SLC UT 84054-0700		3. Service Type
		☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
EB 11-29-10 M1035/0020		4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	7004	2510 0004 1824 7289
PS Form 3811, February 2004	Domestic Re	eturn Receipt 102595-02-M-154



U.S. Postal Service CERTIFIED MAIL (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

EB Q1-27-70 6103510020 USE

Postage \$ Division Directi
Certified Fee Postmark

Return Receipt Fee (Endorsement Required)

Restricted Delivery Fee (Endorsement Required)

Total Po

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4000

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4002

SCOTT HUGHES

Sent To LAKEVIEW ROCK PRODUCTS
900 N REDWOOD RD

or PO Bo. PO BOX 540700

City, Stat. SLC UT 84054-0700

Here